

The Difference between Special Education in Saudi Arabia

In order to compare two different educational systems, it is important to consider if both have the same or similar backgrounds, and/or share the same cultural components. Nevertheless, it will be possible to describe each educational system and elements that might differentiate or combine the two systems. Therefore, I will start describing the history of special education in the U.S and what factors that rapidly improve programs and services for persons with special needs. Additionally, the history of special education in Saudi Arabia and elements that effect it will be presented. Finally the two educational systems will be compared and contrasted to provide readers of what might be different between or similarities the two systems.

Education of persons with special needs began in the United States in the early 1900s. According to Hardman (1996) who stated that with the efforts of many dedicated professionals, students who were slow learners, or had hearing or sight loss were taught in segregated classrooms in a public school building or in separate schools. In order to identify those who should go to segregated classrooms, schools were in needed to have some way of determining who received public education and who did not. The desire to know who is intellectually capable of attending schools resulted in an individual test of intelligence developed by Alfred Binet in 1905. This test was first used in France and revised and standardized by Lewis Terman at Stanford University in 1916. This test has a tremendous effect of identifying children who deviated significantly from the average in intellectual capability.

From 1920 to 1960, most states allowed for special education classes and the public schools had to be selective due to the limited availability of programs. During the 1930s, services for children with mild emotional disorders was initiated. Additionally, special classes for those with physical disabilities were also started. During this time the creation and expansion of organizations at the local and national levels for nearly every population and disabling condition, have produced a very vocal participants in the ongoing debate over the need of disabled individuals for public education (Haring, 1994).

In addition to President Kennedy's efforts to bring the concerns of people with disabilities before the public in the early sixties, the Civil right movement's demanded the integration of minorities into society had both direct and indirect impact on the movement for integrated education of students with disabilities (Haring et al. 1994).

Parents' groups become increasingly more active and played a crucial role of carrying their arguments to the local school boards, courts, and Congress (Yell et al. 1998).

However, legislation and litigation have played critical roles in supporting the movement of appropriate education and integrated environments for persons with disabilities. The civil rights movements, specifically the U.S. Supreme Court's decision in *Brown V. Board of Education* (1954), provided impetus for subsequent legislation and litigation that ensured the right of free education for students with disabilities. Additionally, the early 1970s produced a number of federal legislation intended to improve the education of students with disabilities. (Safford & Safford, 1998).

The most significant provision within this status is that students with disabilities may enjoy education in the "least restrictive environment." It is specifically articulated within the law that "least restrictive environment" means that children with disabilities, to the maximum extent possible (which include children in public or private institutions) are to be educated with children who are without obvious disabilities. Furthermore, students with disabilities, under PL 94-142, must receive individualized programming by implementing an Individualized Education Plan (IEP) (Sailor et al 1989). Finally, under the law, parents of students with disabilities must be involved in the educational decision-making process unless they waive the right.

Recent amendments to the EHA have changed terminology used in the federal law. Specifically, the EHA amendments of 1990 replace the term "handicapped" with the term "disability." This amendment also includes new categories of disabilities, including autism and traumatic brain injury. Rehabilitation counseling and social work services were added as related services to be provided by special education. Finally, and perhaps most importantly, the law define transition services and requires such services to be included in the Individual Educational Plans (IEP) of students of age 16 and above.

Another recent legislative act is the 1992 Americans with Disabilities Act (ADA). This law assures people with disabilities that their civil rights will be protected, in the same way that the Civil Rights Act of 1964 protects the rights of minorities. This act is significant because it is based on the concept of the Rehabilitation Act of 1973. The ADA guarantees equal opportunities for individuals with disabilities in employment services and telecommunications (NASBE, 1992).

One of the clearest implications of laws enacted after 1975 was the move to seek more appropriate and less restrictive settings for persons with disabilities. All the students have the right to receive education in an environment that is consistent with their academic, social, and physical needs. Therefore, schools were required to develop a continuum of placement, ranging from general classrooms with support services to homebound and hospital programs, including consultative services, resources room, and special education classrooms. As mentioned by Haring (1994), this model of providing services was criticized for the overemphasizing place of the educational setting. A growing number of educators became aware and convinced that the effective services for students with disabilities are “those that emphasize the quality and individualization of programs with the most integrated setting possible” (Haring, 1994). This movement resulted in a call for increased integration in the mid-eighties, and recently moved to the full inclusion of students with disabilities which call for specific changes in the educational system to ensure an appropriate educational experience for students with disabilities, side-by-side with their nondisabled peers.

The expanded arena of service delivery has led to a more comprehensive conceptualization of placement into the community for persons with disabilities. The movement toward adults’ lives for students with disabilities required an adequate service delivery to insure that they will be able to have a secure future. As noted above, services were expanded from providing an appropriate education for students with disabilities to helping promote movement from school to post school activities, including residential, educational, and vocational services.

By contrast, special education was introduced into Saudi Arabia in 1958 when Sheikh Al-Ghanem, a blind man, learned the Braille system of reading and writing from an Iraqi man visiting the Kingdom at that time. Al-Ghanem introduced this new way of learning to a few other blind men, who were attending the general public school and to two sighted persons who had heard about the new system and were interested in learning more about it. This private effort lasted for about two years, during which time the system proved its usefulness as a vehicle for teaching the blind independent reading and writing. The Braille system was taught in one of the government schools at night, which allowed the blind students to continue attending

their regular school during the day and also provided a place for Braille instruction. The government supported this private effort and offered the use of government space and materials. The great success of this venture prompted the government to formally incorporate special education into its programs.

In 1960, two years after those initial Braille classes, the Ministry of Education started a special education program and opened the first government-supported training institute for male blind students, the Al-Noor Institute in Riyadh. This was the cornerstone of the special education program in Saudi Arabia. In 1964, the first school for blind girls was founded. In that same year, the first deaf school, the Al Amal Institute in Riyadh, was opened to provide education, training and care for deaf children. By that time, resources for blind students had expanded to five institutes. The first specialized institute for persons with mentally retardation, Al-Riaih Institute, was opened in 1971.

In 1974, the Ministry of Education passed resolution No. 674/36/40 to upgrade the Department of Special Education to the General Directorate. It established three units to be responsible for the education of the blind, deaf, and the mildly retarded students. These three units are responsible for the preparation of, and execution of educational programs for each group, male and female; monitoring educational progress and ensuring that the schools follow the established program. This department also plays a role in enlightening the parents regarding the benefits of special education for their children.

There has been a steady expansion of resources for the disabled students as new institutions were founded in different geographic locations according to the needs of each province. Schools for the handicapped have increased from one school in 1960 to 27 schools in 1987 and most recently to 54; these include 10 schools for the blind, 28 schools for the deaf and 16 schools for the mental retardation.

While the Ministry of Education oversees educational programs for students of normal school ages, its General Secretariat of Special Education, under the directorship of the Deputy Minister of Education, develops the specific social and technical programs required. The Ministry of Labor and Social Affairs supervises programs for older students beyond the normal school age and focuses on training and rehabilitation programs. The Ministry of Health provides integrated medical, psychological, and counseling services as part of its overall rehabilitation programs.

In addition, the General Presidency of Youth Welfare provides a variety of sports, cultural events, and recreational activities for the disabled.

The mid nineties was the turning point of services delivery for students with disabilities. Special education in Saudi Arabia is enjoying rapid progress both qualitatively and quantitatively. Service delivery models are being expanded. Institutionalization is no longer considered to be the best approach to providing special education service to children with disabilities. Recently, special education programs are being introduced into regular schools. These programs include resource rooms, self-contained classrooms, itinerate teachers and consultation. However, institutions will not be eliminated, but rather their functions will change. Some of their functions will be to provide: 1) in-service training centers, 2) information and support service centers, and 3) alternative service delivery models for multiple handicapped students who may not be served in regular schools due to the severity and complexity of their challenging conditions.

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